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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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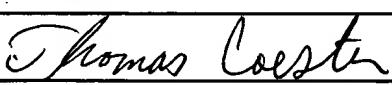
Technology Center 2100

Total Number of Pages in This Submission	66	Attorney Docket Number	4956P005X
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## ENCLOSURES (check all that apply)

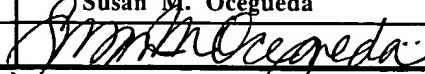
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Return Receipt Postcard (1)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-PTO-1449 (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	-Cited References (3 Ref.s/60 pages)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	November 2, 2001

## CERTIFICATE OF MAILING (OR TRANSMISSION)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: November 2, 2001

Typed or printed name	Susan M. Ocegueda
Signature	
	Date 11/02/01

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# FEE TRANSMITTAL

## for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

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Technology Center 2100

Application Number	09/927,730
Filing Date	08/09/01
First Named Inventor	Mark S. Knighton, et al.
Examiner Name	Not Assigned
Group Art Unit	2131
Attorney Docket Number	4956P005X

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. FILING FEE

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. CLAIMS

Total Claims	37	-	Extra	Fee from below	Fee Paid
Independent Claims	8	-	=	X	=

## Multiple Dependent Claims

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	80	209	40	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\* or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet.
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920	112	920 Requesting publication of SIR prior to Examiner action
113	1,840	113	1,840 Requesting publication of SIR after Examiner action
115	110	215	55 Extension for response within first month
116	390	216	195 Extension for response within second month
117	890	217	445 Extension for response within third month
118	1,390	218	695 Extension for response within fourth month
128	1,890	228	945 Extension for response within fifth month
119	310	219	155 Notice of Appeal
120	310	220	155 Filing a brief in support of an appeal
121	270	221	135 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidably
141	1,240	241	620 Petition to revive - unintentionally
142	1,240	242	620 Utility issue fee (or reissue)
143	440	243	220 Design issue fee
144	600	244	300 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Petitions related to provisional applications
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	710	246	355 Filing a submission after final rejection (37 CFR 1.129(a))
149	710	249	355 For each additional invention to be examined (37 CFR 1.129(b))
179	710	279	355 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify) _____			

SUBTOTAL (3) (\$)

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Thomas M. Coester, Reg. No. 39,637			Reg. Number
Signature	Thomas Coester	Date	11/2/2001	Deposit Account User ID 02-2666

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